U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **DECLARATION** Attorney Docket Number **DEP5118** AND **POWER OF ATTORNEY** First Named Inventor John R. Hawkins FOR UTILITY OR DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number**  □ Declaration Submitted with □ Declaration Submitted after Filing Date Initial Filing OR Initial Filing (Surcharge (37 CFR 1.16(e)) required) Group Art Unit Examiner Name As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention **Dual Durometer Elastomer Artificial Disc** (Title of the Invention) the specification of which is attached hereto 0R was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign** Foreign Filing Date **Priority Certified Copy** Not Claimed Application Country (MM/DD/YYYY) Attached? YES Number(s) NO

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application					
I hereby claim the benefit under 35 U.S.C	. 119(e) of any United States provisional ar	oplication(s) listed below.			
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
as the subject matter of each of the claims of provided by the first paragraph of Title 35, Udefined in Title 37, Code of Federal Regula national or PCT international filing date of the		United States application in the manner e duty to disclose material information as filing date of the prior application and the			
Application Serial No.	Filing Date	Status			
·		Patented Patented Patented			
I hereby appoint:					
Practitioners at Customer Number  AND	000027777 →	Place Customer Number Bar Code Label Here			
Practitioner(s) named below:  Name Thomas M. DiMauro	Registration Number 35,490				
as my/our attorney(s) or agent(s) to prose States Patent and Trademark Office conn	ecute the application identified above, and nected therewith.	to transact all business in the United			
Address all telephone calls to Thomas M. DiMauro at telephone number (508) 880-8401.					
Customer Number  Direct all correspondence to:					
Name:					
Address:					
Address:					
City:	State:	ZIP			
Country	Telephone:	Fax:			

issued thereon.		ishable by fine	or imprise	vere made with the knowle conment, or both, under 18 he application or any pate
NAME OF SOLE OR FIRST INVENTOR:	A pe	etition has been fil	ed for this u	nsigned inventor
Given Name (first and middle [if any]) John R.		Family Name or Surname	Hawkins	
Inventor's Signature			Date	6/25/3
Residence: City Cumberland	State RI	Count	ry USA	Citizenship US
Mailing Address 40 Cook Road				
City Cumberland	State RI	ZIP (	2864	Country USA
NAME OF SECOND INVENTOR:	I	etition has been fi	ed for this u	nsigned inventor
Given Name	Д А ре			
	A pa	Family Name or Surname		
Given Name		Family Name	Date	
Given Name (first and middle [if any]) Inventor's	State	Family Name	Date	Citizenship
Given Name (first and middle [if any]) Inventor's Signature Residence: City		Family Name or Surname	Date	
Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address	State	Family Name or Surname	Date	Citizenship
Given Name (first and middle [if any]) Inventor's Signature Residence: City	State  State  made herein of my or or be true; and further like so made are pure	Family Name or Surname  Coun  ZIP wn knowledge r that these statishable by fine	Date are true.atements ve or impris	Country and that all statements may be made with the knowl onment, or both, under 18
Given Name (first and middle [if any]) Inventor's Signature  Residence: City  Mailing Address  City I hereby declare that all statements r information and belief are believed to that willful false statements and the I U.S.C. 1001 and that such willful false	State  State  made herein of my or or be true; and further like so made are punched se statements may je	Family Name or Surname  Coun  ZIP wn knowledge r that these statishable by fine	Date are true.a tements v	Country  and that all statements may be remade with the knowl onment, or both, under 18 the application or any pate
Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address City I hereby declare that all statements rinformation and belief are believed to that willful false statements and the I U.S.C. 1001 and that such willful false issued thereon.	State  State  made herein of my or or be true; and further like so made are punched se statements may je	Family Name or Surname  Coun  ZIP  with knowledge r that these statishable by fine eopardize the version of the surnament of	Date are true.a tements v	Country  and that all statements may be remade with the knowl onment, or both, under 18 the application or any pate
Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address City I hereby declare that all statements r information and belief are believed to that willful false statements and the I U.S.C. 1001 and that such willful fals issued thereon.  NAME OF THIRD INVENTOR:	State  State  made herein of my or or be true; and further like so made are punched se statements may je	Coun  ZIP win knowledge r that these statishable by fine eopardize the vertical states and the states are sta	Date are true.a tements v	Country  and that all statements may be remade with the knowl onment, or both, under 18 the application or any pate